Background:
The Physiological Society is a learned society of over 4,000 members from across the UK, Ireland and the rest of the world. Research in physiology helps us to understand how the body works in health and how it responds and adapts to the challenges of everyday life. It also helps us to determine what goes wrong in disease, facilitating the development of new treatments and guidelines for maintaining human and animal health.

The emphasis on integrating molecular, cellular, systems and whole-body function is what distinguishes physiology from the other life sciences and makes the Lord’s Science and Technology Committee inquiry into clinical academics in the NHS of particular interest to us. While the majority of our members are research academics, given the nature of their expertise, there is significant engagement with clinicians, and many combine academic research with clinical responsibilities.

Recommendations:

1. The shift in focus of clinical academics away from research as a result of the pandemic has led to an imbalance in the opportunities and prioritisation of research work. As the acute phase of the pandemic subsides, the NHS should prioritise ensuring clinical academics and trainees are encouraged to see their research work as important and complementary to their clinical responsibilities.

2. COVID-19 and subsequent funding decisions have hampered the clinical academic communities’ ability to restart or begin new clinical studies. The Government should review those trials that have been lost as a result of the pandemic and work with clinical academics to restart trials where possible, or ensure data collected up to this point are not lost.

3. Trainees should be made aware of opportunities to conduct clinical academic work, and this must be rewarded and recognised appropriately.

Consultation response:

Clinical academia

As the overview to the inquiry correctly notes there are significant advantages to clinical academic roles. The Society’s members share the Committee’s view that there is real benefit in clinical academics bringing their hospital experience into their academic research, and vice-versa. We also strongly support the view that patient care benefits from the use of the most up-to-date evidence-based practice, and the application of innovative medical techniques in the health system.

Clinical academics within our Society; however, have also identified other benefits not highlighted in the inquiry’s introductory overview. In addition to the translation of cutting-edge research into clinical practice, academic clinicians also develop extensive national and international networks to colleagues and to companies. Their skills as communicators also makes them well placed to deliver public messaging in a way that inspires trust and confidence.
Understanding the benefits of clinical academics throughout the COVID-19 pandemic

At the beginning of this year, The Physiological Society developed a project in collaboration with the Intensive Care Society, into how best to inform the treatment and management of Long COVID using research breakthroughs from physiological research. The project found that there was the need for a pathway to integrate physiologists into the collation and analysis of data related to both the acute and chronic phases of the COVID pandemic, as clinical academics were deployed on the frontline full-time. As a legacy of this shift towards a greater clinical focus during the pandemic, clinical academics now face condensed timelines to prepare for external funding to allow them to balance clinical and research responsibilities.

Post-pandemic changes to the balance of PhD student priorities and future pipeline of clinical academics

In addition to the findings of the report, clinical academics within The Society have also noted a number of challenges related to promoting clinical academic routes within the NHS. The first relates to the impact of changing capacity requirements as a result of the COVID pandemic. The requirement for additional capacity in response to COVID meant that clinical PhD students prioritised their clinical commitments (such as ICU) and have not returned to their studies in the same numbers. Clearly, post-pandemic clinical academia is an opportunity missed. If these trends continue, they represent a significant threat to the health system’s ability to recruit clinical academics and integrate the unique insights they bring into the care and management of patients. Members have also raised concerns about the increasing costs of fellowships as clinical academics progress through their careers.

Opportunities and funding for new studies

Our members also noted the impact that the COVID pandemic has had on opportunities and funding for new studies. Members highlighted the challenges of opening new studies within the context of a reduced profile for NHS R&D departments. Additionally, we have also heard from members that the NIHR reset programme had led to the sudden closure of studies throughout the UK, with some clinical academics having long-term trials stopped at short notice. The Society is also concerned that financial pressures throughout central Government and within the NHS will lead to a further reduction in the money available for research, with current rates of inflation having a significant impact on the real-term values of even ringfenced budgets.

All of these rapid changes and wider economic shifts have caused real concern among our members that trainees who were once research active and in academic positions, are now walking away from academic medicine, perceiving it to be arduous and unrewarding. This presents a real challenge for the future pipeline of clinical academics just at the point we emerge from the COVID-19 pandemic where the development of effective treatments to improve patient outcomes were informed in no small part by the work of clinical academics.

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